

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: _____		2 Serial/Patent # <u>09 068,935</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/>	Filing		05/26/98	\$ 360							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
Adjustment date: 05/26/1999 <u>00000025 500417 09068935</u>			05/26/98	\$ 825							
01 FE:956 720.00 CR		7 TOTAL AMOUNT OF REFUND		\$ 1,185							
02 FE:964 982.00 CR											
03 FE:966 748.00 CR											
10 REASON:		8 TO BE REFUNDED BY:									
<input checked="" type="checkbox"/> Overpayment		Treasury Check									
<input type="checkbox"/> Duplicate Payment		Credit Deposit A/C #:									
<input type="checkbox"/> No Fee Due (Explanation):		9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>5</td><td>0</td><td>--</td><td>0</td><td>4</td><td>1</td><td>7</td> </tr> </table>			5	0	--	0	4	1	7
5	0	--	0	4	1	7					
- Small entity status											
11 REFUND REQUESTED BY: <u>Attorney</u>											
TYPED/PRINTED NAME: <u>Yichelle Richardson</u>		TITLE: <u>SLIE</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>308-3152</u>									
OFFICE: <u>TC1600</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>4/2/99</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**